

**Form: Specimen Collection - Saliva**

Was specimen collected? Yes   
No

If "No", provide reason and end of form.

Primary reason specimen was not collected Participant declined   
Participant unable to provide sample   
Other

If "Other", specify (max. 200 characters): \_\_\_\_\_

Specimen collection date \_\_\_\_\_

Specimen collection time \_\_\_\_\_

Specimen collection location Clinical research site   
Elsewhere (e.g. Home)

Does the participant have a mouth injury or infection that might cause there to be blood in the sample? Yes   
No

Were all requirements of the specimen collection met per the SSP? Yes   
No

If "No", provide explanation in Comments.

Comments (max. 600 characters): \_\_\_\_\_